IPDR6702				NORTH CAROLINA		PAG	E: 1	
	07/08/2007			RS CHECKWRITE SUMMARY REPORT				
			(	CHECKWRITE DATE: 07/10/2007 FINANCIAL PAYER: NCDMH				
				PINANCIAL PAIRS NODAL			1	
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8800	37	FURTHER PROCESSING NECESSARY,				
	H/DD/SAS			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				POTOTO IN U.				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE	0	46	378	332
				NT BUDGET				
		8535	4	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404904	WESTERN HIGHLAN	8535	1	SERVICE FACILITY LOCATION WAS				
	DS LME			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	2	1
2404010		5200	205	DDTOD AVENUODISED INVESTOR	1		<u> </u>	
3404910	PATHWAYS	5308	385	PRIOR AUTHORIZED UNITS EXCEEDE D	+	-	<del> </del>	
	+				†		<del> </del>	
		11	116	CLIENT NOT ELIGIBLE ON SERVICE  DATE	2	700	7959	7215
		1			+		<del>                                     </del>	
		8654	79	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404912	CATAWBA COUNTYM	79	3	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN			-	
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	6	563	557
				H PATIENT NAME				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	7967	CLAIM DENIED DUE TO INSUFFICIE			-	
	ENTAL HEALT			NT BUDGET				
<u> </u>		8800	1916	FURTHER PROCESSING NECESSARY,	0	10457	10000	265
				PLEASE CHECK FOR CLAIM ON		10457	10822	365
				FUTURE RA'S.				
		11	253	CLIENT NOT ELIGIBLE ON SERVICE				
		11	233	DATE				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
3404917	VIORAL HEAL	0	0		0	0	0	^
							-	U
	CENTERPOINT HUM	8599	227	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	1		<del>                                     </del>	
	AN SERVICES			BENEFIT PACKAGE.	+		<del>                                     </del>	
					<u> </u>		<u> </u>	
		8537	7	PROCEDURE IS NOT PAYABLE FOR Y	0	244	4179	3935
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	1		1	
					1		<del> </del>	
		143	6	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE			<b></b>	
					1	-	<del> </del>	
3404919	GUILFORD CO MEN	8505	537	CLAIM DENIED DUE TO INSUFFICIE	1		<u> </u>	
	TAL HEALTHC			NT BUDGET				
					1		1	
		8599	164	DETAIL NOT COVERED BY COMBINAT	0	836	2834	1998
				ION OF RECIPIENT, PROVIDER AND		330	2034	1,30
				BENEFIT PACKAGE.	1		<u> </u>	
	1	1			1		1	
		8536	73	ATTENDING PROVIDER TYPE AND SP				
		8536	73	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				

				T	1	1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	21	39	DUPLICATE OF CLAIM-SYSTEM				
	L AREA MH D							
		79	g.	THIS SERVICE IS NOT PAYABLE TO				
		7.9	2	YOUR SUBMITTED BILLING	1	55	2162	2107
				PROVIDER TYPE AND SPECIALTY IN				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	11	130	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8000	60	NO RATE AVAILABLE ON FILE TO P	0	296	1545	1249
				RICE THIS CLAIM DETAIL	-			
		143	31	CLIENT ID NUMBER NOT ON STATE				
	1			ELIGIBILITY FILE				
3404922		21	82	DUPLICATE OF CLAIM-SYSTEM				
3.37322	THE DURHAM CENT ER	**		POLICIAL OF CHRISTOPH				
	D.F.	1			1		1	-
	+	8599	41	DETAIL NOT COVERED BY COMBINAT	28	212	1462	1250
	1			ION OF RECIPIENT, PROVIDER AND	28	212	1402	1630
				BENEFIT PACKAGE.				
		143	31	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404923		8505	447	CLAIM DENIED DUE TO INSUFFICIE				
3101323	FIVE COUNTY MH	0303		NT BUDGET				
		8800	63	FURTHER PROCESSING NECESSARY,	0	532	960	428
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0500	11	DESCRIPTION OF COMPANY				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				Dillin 11 Inches.				
3404925	SANDHILLS CENTE	21	1325	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8505	1137	CLAIM DENIED DUE TO INSUFFICIE	6	2746	5967	3221
				NT BUDGET				
		8599	82	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8622	61	60 RESIDENTIAL LEVEL II TREATM				
	G MENTAL HL			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
	1	8800	57	FURTHER PROCESSING NECESSARY,				
		0000		PLEASE CHECK FOR CLAIM ON	4	429	2831	2402
				FUTURE RA'S.				
	+	8536	57	ATTENDING PROVIDER TYPE AND SP				
		+	1	ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				. —
				VALID FOR SUBMITTED BILLING PR				
2404000		0500	11					
3404927	CUMBERLAND CO M	8599	11	DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M	8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404927		8599	11	DETAIL NOT COVERED BY COMBINAT				
3404927		8599	11 4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		12	110	102
3404927			11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	17	119	102
3404927			11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO	0	17	119	102
3404927		79	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBNITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	17	119	102
3404927			11 4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED DUE TO INSUFFICE	0	17	119	102
3404927		79	11 4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBNITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	17	119	102

NIMBER OF   TOTAL CLAIMS   TOTAL C	0 1004	
NUMBER   PROVIDER NAME   EOBS   DENIALS   DESCRIPTION   DENIALS   DENIALS   FINALITE	0	PAID
	0	0
NRTH HLTNC  NRTH H		
NOTE HITTIC		
NOTE HITTIC		
BILLING OF  191 11 CLIENT ID NUMBER DOES NOT MATC 7 66  1 PATIENT NAME	1004	938
BILLING OF  191 11 CLIENT ID NUMBER DOES NOT MATC 7 66  1 PATIENT NAME	1004	938
BILLING OF  191 11 CLIENT ID NUMBER DOES NOT MATC 7 66  1 PATIENT NAME	1004	938
191   11   CLIENT ID NUMBER DOES NOT MATC   7   66	1004	938
H PATIENT NAME  8599 10 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 113 ATTENDING PROVIDER TYPE AND SP	1004	938
H PATIENT NAME  8599 10 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 113 ATTENDING PROVIDER TYPE AND SP	1004	938
H PATIENT NAME  8599 10 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 113 ATTENDING PROVIDER TYPE AND SP	1004	330
ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  R FOR MH/DD  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909  ION OF RECIPIENT, PROVIDER AND  ENERTIT FACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  8404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  R FOR MH/DD  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909  ION OF RECIPIENT, PROVIDER AND  ENERTIT FACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  8404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  R FOR MH/DD  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909  ION OF RECIPIENT, PROVIDER AND  ENERTIT FACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  8404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM  R FOR MH/DD  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909  ION OF RECIPIENT, PROVIDER AND  ENERTIT FACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  8404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
3404933 SOUTHEASTERN CT 21 441 DUPLICATE OF CLAIM-SYSTEM		
R FOR MH/DD		
R FOR MH/DD  8599 174 DETAIL NOT COVERED BY COMBINAT 0 909  100 OF RECIPIENT, PROVIDER AND  BENNET PACKAGE.		
R FOR MH/DD		
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  3404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  3404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  3404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP	13159	12250
BENEFIT PACKAGE.		
191 86 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  1404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
H PATIENT NAME		
3404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		1
3404934 ONSLOW CARTERET 8536 113 ATTENDING PROVIDER TYPE AND SP		
BEHAV HEAL ECIALTY COMBINATION IS NOT		
VALID FOR SUBMITTED BILLING PR		
8599 93 DETAIL NOT COVERED BY COMBINAT 0 398	1489	1091
ION OF RECIPIENT, PROVIDER AND	1105	1031
BENEFIT PACKAGE.		
8534 47 SERVICE FACILITY LOCATION IS N		
OT A VALID IPRS ATTENDING		
PROVIDER. PLEASE VERIFY THE F		
3404935 WAYNE CO MENTAL 0 0 *** NO DATA TO REPORT ***		
HEALTH CTR		
0 0 0	0	0
244402		
3404936 THE BEACON CENT 0 0 *** NO DATA TO REPORT ***		
ER .		
0 0	0	0
3404937 THE DENOM CENT 21 8 DUPLICATE OF CLAIM-SYSTEM		
THE BEACON CENT		
ER ER		
8599 2 DETAIL NOT COVERED BY COMBINAT 0 10		
	11	1
ION OF RECIPIENT, PROVIDER AND BENNET HERE.		
BENEFI! PAULAGE.		
2000020		
3404939 EAST CAROLINA B 0 0 *** NO DATA TO REPORT ***		
EHAVIORAL H		
	2	2
		-
3404941 EAST CAROLINA B 0 0 "** NO DATA TO REPORT ***		
		-
EHAVIORAL H		-
0 0 0	0	0
		-
3404942 EAST CAROLINA B 0 0 0 *** NO DATA TO REFORT ***		
EHAVIORAL H		
	0	0
3404943 ALBEMBUR MENTA 8935 32 ASTNC INELIGIBLE TO RECEIVE SE		
L HEALTH CE RVICES IN IPRS.		
21 22 DUPLICATE OF CLAIM-SYSTEM 34 99	384	285
191 16 CLIENT ID NUMBER DOES NOT MATC		<u> </u>
H PATIENT NAME		
3404944 EASTPOINTE HUMA 21 11 DUPLICATE OF CLAIM-SYSTEM		
N SERVICES		
		5034
8654 8 ONLY 16 UNITS ALLOWED PER DAY 1 31	5065	
MITHOUT FRIOR	5065	1
	5065	
WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	5065	
WITHOUT PRIOR	5065	